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(Re	questor's Name)	
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Office Use Only

COVER LETTER

TO:	Registration S Division of C					
SUBJI		Iner Family Limited ne of Florida Limited Part			iability	Limited Partnership)
The en	closed Certific	cate of Amendment an	d fee(s) are	e subm	itted f	or filing.
Please	return all corre	espondence concernin	g this matte	er to:		
Jon.G	6. Mazer, CP <i>F</i>					
		(Contact Person)				
Maze	r & Company					
-	-	(Firm/Company)	•			
7700	W Camino Re	eal. #404				
		(Address)			•	
~ 0	· }	00				
Rocar	aton, FL 334	33 City, State and Zip Code)	· · · · · ·		•	,
	C	ony, butto una zip coaty				
For fu	rther informati	on concerning this ma	itter, please	call:		
Jon G	S _s Mazer		at (56	1	չ 451	-9550
-	(Name of Conta	act Person)		ea Code	and Da	ytime Telephone Number)
Enclos	sed is a check t	for the following amo	unt:			
\$52	.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 and Certif			\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STRE	EET ADDRES	S:	ľ	MAIL	ING A	ADDRESS:
	tration Section		I	Registr	ation	Section
	on of Corpora	tions				Corporations
	n Building	a		P. O. B		
	Executive Cen		7	Fallaha	assee,	FL 32314
i allah	nassee, FL 323	UI				



April 14, 2008

JON G. MAZER, CPA MAZER & COMPANY, P.A. 7700 W. CAMINO REAL, #404 BOCA RATON, FL 33433

SUBJECT: THE MILLNER FAMILY LIMITED PARTNERSHIP

Ref. Number: A9900001749

We have received your document for THE MILLNER FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The General Partner needs to also sign under the all new or disscoiating general partner.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 808A00021958

FILED

CERTIFICATE OF AMENDMENT

08 MAY -8 PM 2: 48

CERTIFICATE OF LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE FLORIDA

The Millner Family Limited Partnershi	р	
(Insert name currently on fil	e with Florida De	epartment of State)
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certification 10/25/1999, adopts the following partnership.	cate was filed	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	imited partners	thip or limited liability limited partnership
(New name must be distinguish	able and contain	an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I		
B. If amending the registered agent and/or registered new registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	(Ent	er Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to am familiar with and accept the obligations of my p	it and agree to the proper an	act in this capacity. I further agree to d complete performance of my duties, and I
•	(If Changing Re	gistered Agent. Signature of New Registered Agent)

C. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>GP</u>	Irvin J. Millner	2701 N Course Dr, #325 Pompano Beach, FL 33069	Add Remove
<u>GP</u>	Charlotte Millner	2701 N Course Dr, #916 Pompano Beach, FL 33069	Add Remove
<u>GP</u>	Charlotte B Millner Trus G 08 - 12890022-9	2701 N Course Dr, #916 Pompano Beach, FL 33069	Add Remove
			Add Remove
			Add Remove
			Add Remove
	ted partnership or limited liabilit ership" status, enter change here:	y limited partnership is ame	nding its "limited liability
☐ This Limit	ted Partnership hereby elects to be a	"Limited Liability Limited Par	rtnership."
☐ This Limit	ted Partnership hereby removes its '	Limited Liability Limited Part	nership" status.
(NOTE: If adding	ng or removing" limited liability limited p	partnership" status, all general parti	ners must sign this amendment.
E. If amending	g any other information, enter chang	ge(s) here: (Attach additional she	eets, if necessary.)

Effective date, if other than the date of filing: Leftective date cannot be prior to nor more than 90 days after the State.)	
Signature(s) of a general partner or all general part (*NOTE: Only one current general partner is required to sign the removing a "limited liability limited partnership" election statement when adding or removing a "limited liability limited partnership"	is document unless the limited partnership is adding or ent. Chapter 620, F.S., requires all general partners to sign
X Charlote B Millner	
Signature(s) of all new or dissociating general parts	ner(s), if any:
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	OBHAY -8 PH 2: 48 SECRETARY OF STATE TALLAHASSEE FLORIDA